STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in t	(Check if name Example: If typying, type full) is changed) over the lines	12FE4M5
EMD Serono, I	nc. Political Action Committee	
ADDRESS (number and s	One Technology Place	
(Check if address is changed)		
	Rockland	MA 02370 - 111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	emdseronopac@emdserono.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	None	
2. DATE 0.3	7 27 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00258236	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct ar	d complete
•	· · · ·	'
Type or Print Name of	Treasurer Monica Elliott	
Signature of Treasurer	Electronically Filed by Monica Elliott	Date 03 / 27 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stat	•
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	